

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



1/10/00



LOBBYIST REGISTRATION FORM

(See back of this form for instructions) (Type or Print Clearly) **LOBBYIST PART I** (First) (Middle) **TELEPHONE** 946-2187

NAME(Last) Keolanui Cynthia Louise ext. 222 MAILING ADDRESS (Street) (City) (State) (Zip Code) 2700 Waialae Avenue Honolulu, HI 96826 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Hawaiian Humane Society 946-2187 MAILING ADDRESS (City) (Street) (State) (Zip Code) 2700 Waialae Avenue Honolulu, HI 96826

ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE Hawaiian Humane Society 946-2187 MAILING ADDRESS (Street) (City) (State) (Zip Code) 2700 Waialae Avenue Honolulu, HI 96826 NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT **TELEPHONE** 946-2187 ext. 201 Felix Young MAILING ADDRESS (Street) (City) (State) (Zip Code) Honolulu, HI 96826 2700 Waialae Avenue

PART III DESCRIPTION	OF SUBJECTS UPON WHI	CH YOU EXPECT TO LOBBY	
X Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	X Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety & Corrections	Animal related issues

PART IV						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Cy	Nothia C. Klolanii	January 7, 2003				
	(Signature of Lobbyist)	(Date)				

	(Signature of Lobbyist)	· · · · · · · · · · · · · · · · · · ·	•	(Da	ate)
	AUTHORIZATION TO LOBBY	TITLE OF ALIT		CEICED OD D	PERSON REPRESENTED
NAME _		TITLE OF AUT	HUNIZING OF	-FIOEN ON F	ENSON REPRESENTED
Pame	ela Burns, President	٠.			
NAME OF ORG	ANIZATION (if applicable)				TELEPHONE
Hawa	aiian Humane Society				946-2187 ext. 202
MAILING ADD	RESS (Street)	(City)		(State)	(Zip Code)
) Waialae Avenue	Honolulu, HI	96826		
l hereby	authorize the above - named person	to engage in lobbying	activities or	n behalf of	the undersigned.
	tuela m		Januai		3

(Signature of Authorizing Officer or Person Represented)

(Date)